Name in Full

# Certificate of Death

Alice Anderson

Died at Annapolis (Town) A A Co (County) MARYLAND

Date 189 9 | Month 8 | Day 4 | Age Y. 17 M. 1 D. 27 | Native of Annapolis | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Joseph Anderson

Mother's Name Mary Parker

Cause of Death: Primary 97 | How long sick several months

Immediate Bright's Disease | Accident, Suicide, Homicide

Reported by Wm Busby MD

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Aug 5-th 1899

Name in Full Certificate of Death

Berger

Died at Town S. Baltimore County Anne Arundel MARYLAND

Date 189 9 Month 8 Day 31 Age Y. 1 M. 7 D. Native of German Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband Wife of Gustavus Berger

Father's Name Gustavus Berger Mother's Name [illegible] Berger

Cause of Death Primary Carlitina - 8 W How long sick Doul Known

Immediate Diphtheria - ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. J. Ball M.D.

Address S. Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thomas Carrol

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 189 9 Month August Day 21st | Age Y. 74 M. 6 D. | Native of Antwerp, Belgium | Occupation Quarter-master U.S.Navy.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Alcoholismus 34

Immediate

How long sick Three days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. R. Pigott, P.A. Surgeon, U.S.Navy

Address U.S.Naval Academy, Annapolis, Md. [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Marion Duvall (Baby)

Died at — Town: South River — County: Anne Arundel — MARYLAND

Date 1892 — Month: Aug^t. — Day: 18 — Age: Y. M. D. 6 — Native of: Md — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Ringold Duvall — Mother's Name: Mrs R. Duvall (also)

Cause of Death — Primary: Teething — Immediate: Sparms — 49 — How long sick: 2 weeks — Accident, Suicide, Homicide

Reported by: H R Walton M D

Address: Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

William Wells Elliott.

Died at Town: Darnall County: Anne Arundel MARYLAND

Date 1900 Month: Aug. Day: 3 | Age Y.: 76 M.: 8 D.: — | Native of: Md. | Occupation: XXXX

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Rachael Ann Elliott.

Father's Name — Mother's Maiden Name —

Cause of Death: Primary Enteritis ~~83~~ | How long sick 9 days

Immediate Asthenia 106 | ~~Accident, Suicide, Homicide~~

Reported by A. H. Perrie M.D.

Address Mc. Kendree, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full — Certificate of Death

George W. Evens

Died at — Town: Annapolis — County: Anne Arundell — MARYLAND

Date 189? — Month: 12. — Day: 12 — Age: Y. 72 M. 4 D. — Native of: Md. — Occupation: none

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / Widower / Divorced — Number of children living: 5

Husband / Wife of: —

Father's Name: — Mother's Name: —

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 2 yrs

Immediate: 22a — ~~Accident, Suicide, Homicide~~

Reported by: James L Taylor M. D.

Address: Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

attended by Dr Geo Wells
Information from Dr. Wells

Name in Full William Stapleton Fagarty

Certificate of Death

Died at Town Jessup's County A. A. MARYLAND

Date 1899 Month 8 Day 3 | Age Y. M. D. 11 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 82

Cause of Death: Primary Acute Entero - Colitis | How long sick

Immediate | Accident, Suicide, Homicide

Reported by R. A. Hammond, M.D.

Address Jessup's, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full #5355 Certificate of Death

Walentyn Golomboski

Died at Town East Brooklyn County A. A. - MARYLAND

Date 189 9 Month 8 Day 3 | Age Y. 10 M. D. | Native of Polish | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of Lizzie Golomboski

Father's Name Walentyn Golomboski Mother's Name Lizzie Golomboski

Cause of Death: Primary Cholera Infantum — How long sick 1 wk

Immediate 82 — Accident, Suicide, Homicide

Reported by Chas. H. Brooke

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Chas. N. Brooks

of Brooklyn Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Mary Eliza Harrod

Died at Town Eastport County A A Co MARYLAND

Date 1894 Month Aug Day 31 | Age Y. 23 M. 11 D. 29 | Native of A A Co | Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living —

Husband / Wife of Wesley Harrod

Father's Name Chas Warren Mother's Name Louisa Boston

Cause of Death: Primary Threatened Miscarriage — How long sick 3 days

Immediate Peritonitis 120 — Accident, Suicide, Homicide

Reported by Wm Bishop MD

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lillian F. Hartge

Certificate of Death

Died at Town Shady Side County A.A. MARYLAND

Date 1899 Month Aug Day 15 Age Y. — M. — D. 4 Native of Md. Occupation — —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband / Wife of —

Father's Name Chas. A. Hartge Mother's Name Fanny Phipps

Cause of Death: Primary Premature birth 138A How long sick 4 days

Immediate Inanition ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEVER

Name In Full 5429 John Rodgers

Certificate of Death

Died at Town Brooklyn County A. A. MARYLAND

Date 189 9 | Month 8 Day 20 | Age Y. 77 M. D. | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife —

Father's Name —

Mother's Name —

Cause of Death: Primary — apoplexy 42 — How long sick 24 hrs

Immediate —

~~Accident, Suicide~~, Homicide

Reported by Chas. T. Brooke

Address Brooklyn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Chas F. Brooke

of Brooklyn

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Clarence Hughes.

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1896 Month: Aug. Day: 31st Age: Y. 46 M. D. Native of: America Occupation: Driver

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Wife~~ Husband of Margaret Riggs

Father's Name Saml. Hughes Mother's Name ~~Harriet~~ Hughes

Cause of Death: Primary Tuberculosis — How long sick 22a

Immediate Hemorrhage Lungs

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Recd for record
Sept 12th 1899

Name in Full | Certificate of Death

Lizzie Johnson

Died at Town: Ann of Solis | County: A. A. Co | MARYLAND

Date 1897 Month: Aug Day: 7th | Age Y. — M. 7 D. — | Native of: Md | ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name | Mother's Name: Jane Lee

Cause of Death: Primary 7 | How long sick: 3 week

Immediate: Whooping Cough | ~~Accident, Suicide, Homicide~~

Reported by: Alex Evans Undertaker

Address: 24 College Ave Ann of Solis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

attended by

9-23

Dr Winchester

Replied he did not

attend her. Ramaprasad

Inv.

Name in Full Jones, William Snead

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month August Day 7 | Age Y. 44 M. 1 D. | Native of Somerset Md. | Occupation Meadmist N.S.N.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mary Elizabeth Jones 90

Father's Name Thomas Mother's Name Eliza Jane

Cause of Death
Primary Cirrhosis of liver and Consumption.
Immediate Exhaustion consequent on melaenic diarrhoea.

How long sick Attended since July 26 1899

~~Accident, Suicide, Homicide~~

Reported by N.C.R. Pigott, P.A. Surgeon N.S.N.

Address N.S. Naval Academy, Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full Maggie Pubb

Certificate of Death

Died at Odenton (Town) Annie Arundel (County) MARYLAND

Date 189 9 Aug 24 | Age Y. 26 M. 11 D. 1 | Native of Baltimore | Occupation None

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | Divorced | ~~Number of children living~~

~~Husband~~ Wife of Joseph Pubb

Father's Name Thomas Hilsch | Mother's Name Catrine Hilsch

Cause of Death: Primary — Burn from Coal Oil. 10 hours | How long sick

Immediate — D.D. | Accident, Suicide, Homicide

Reported by J W DuBois M.D.

Address Gambrills Md 146 a

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5412 Certificate of Death

Amelie Karnick

Died at Town East Brooklyn County A. A. MARYLAND

Date 189 9 Month 8 Day 15 | Age Y. 1 M. 9 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name V. Karnick Mother's Name Annie Karnick

Cause of Death { Primary Pneumonia 72 | How long sick 1 wk

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Chas. H. Brooke

Address Brooklyn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Chas H Brooke

of Brooklyn Me

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Annie Lynch

Died at Town Annapolis County A.A. Co.. MARYLAND

Date 1899 Month 8 Day 4 | Age Y. 1 M. D. | Native of Annapolis | Occupation ——

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name Barnii Lynch Mother's Name Mary Lynch

Cause of Death — Primary: wasting disease — How long sick since born

Immediate: whooping cough 7 — Accident, Suicide, Homicide

Reported by Woolly & Feldmeyer, Undertakers

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Read for record
Aug 1844 1899

Name in Full Nigie M. McCollester

Certificate of Death

Died at Town S. P. Dutton County in the Bay H. A. MARYLAND

Date 1899 Month 8 Day 30 | Age Y. 1 M. 6 D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death: Primary Cholera Infantum | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Frank W. Gunnon

Address Coroner 522 N. Green St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Rev. Michael Miller

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: Aug. Day: 28 Age Y. 74 M. — D. Native of: Prussia Occupation: Priest

Male / Female White / Colored Married / Single Widow / Widower Divorced / Number of children living

Husband / Wife of

Father's Name: Dont Know Mother's Name: Do.

Cause of Death: Primary: Apoplexy & paralysis 42 Immediate: Paralysis

How long sick: 2 yrs

Accident, Suicide, Homicide

Reported by: H R Walton M D

Address: Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Read for record
Aug 29th 1899

Name in Full No. 3444

Certificate of Death

Jank Muroski Jo

Died at East Brooklyn (Town) a.a. (County) MARYLAND

Date 1899 Aug (Month) 1 (Day) Age Y. 6 M. — D. —

Native of

Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband of Wife

Father's Name Jank Muroski

Mother's Name Ornella Muroski

Cause of Death: Primary Cholera Infantum — How long sick 2 weeks

Immediate Exhaustion 82 — ~~Accident, Suicide, Homicide~~

Reported by Thomas B. Horton M.D.

Address So. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PA068

Name in Full

Certificate of Death

Susan Smothers

Died at Town: Annapolis County: A. A. Co. MARYLAND

Date 189 9 Month: May Day: 30 | Age Y.: 73 M.: — D.: — | Native of: City | Occupation: Domestic

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living: Two

Husband of — Wife

Father's Name: Thomas Watkins Mother's Name: Sarah Watkins

Cause of Death — Primary: Rheumatism 26 — How long sick: 4 mo

Immediate: Genl debility — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: William Bishop M. D.

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Recd for record
Sept 1st 1899

Name In Full Frank Steidlnick

Certificate of Death

Died at Town E. Brooklyn County H. H. MARYLAND

Date 189 9 Month 8 Day 1 | Age Y. M. D. 6 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 82

Cause of Death: Primary Cholera Infantum | How long sick 1 week

Immediate | Accident, Suicide, Homicide

Reported by Chas. Brooke M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Francis Stepney

Died at 3d District (Town) Anne Arun (County) Arundel MARYLAND

Date 1899 Month Aug Day 23d Age Y. 37 M. D. Native of Md Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Alexander Stepney

Father's ~~Name~~ Wm Booze Mother's Name Sarah L Booze

Cause of Death Primary 161 How long sick

Immediate

Natural Cause ~~Accident, Suicide, Homicide~~

Reported by Thomas L. McClelland J.P.

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65563

Name in Full

Certificate of Death

Jerome Tarlton

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: Aug^t. Day: 11 Age Y. 52 M. yr D. Native of Md. Occupation Janitor

Male White Married Widow Divorced

Female Colored Single Widower Number of children living one

Husband of Wife Margaret Tarlton

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary Phthisis 22a How long sick 18 mos

Immediate Phthisis Accident, Suicide, Homicide

Reported by H R Walton MD

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Recd for record
Aug 29 1899

Name in Full

Edward Thomas

Certificate of Death

Died at Town Md. House Correction County A.A.Co MARYLAND

Date 1899 Month Aug. Day 10 | Age Y. 17- M. D. | Native of Easton | Occupation Boot Black

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Do not know

Mother's Name Do not know -

Cause of Death

Primary Typhoid fever

Immediate Perforation bowel

How long sick two months

~~Accident, Suicide, Homicide~~

Reported by H B Gantt M.D. -

Address Lessups Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

10 South St

Name in Full Alcindia Wallace

Certificate of Death

Died at Town Odenton County Anne Arundel MARYLAND

Date 1899 Month 8 Day 19 Age Y. 1 M. 6 D. Native of Md ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband Wife of ~~Charles~~

Father's Name Charles E Wallace Mother's Name Mattie Wallace

Cause of Death Primary Teething 82 How long sick

Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by J W Du Bois MD

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Louis Wallace

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1899 Month: Aug Day: 5 | Age Y. M. D.: 2 5 | Native of: city | Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Louis Wallace

Mother's Name: Mary Wallace 71

Cause of Death: Primary: Bronchial Pneumonia | How long sick: 10 days

Immediate: Convulsion | ~~Accident, Suicide, Homicide~~

Reported by: W Bishop M.D

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Aug 5th 1899